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09/529742

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	2		3		2	
TOTAL DEP.	8		4		8	
TOTAL CLAIMS	10		10		10	

51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS ONLY

Application Number

Filing Date

09/529,742

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
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11	1						61							
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44							94							
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46							96							
47							97							
48							98							
49							99							
50							100							
Total	2						Total							
Indep	7						Indep							
Total							Total							
Depend	9						Depend							
Total							Total							
Claims							Claims							

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